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 024057 7590 06/28/2009

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or by facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/614,019	7/8/2003	Yo Taniguchi	520.42912X00	9504

TITLE OF INVENTION: INSPECTION APPARATUS USING NUCLEAR MAGNETIC RESONANCE

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE (\$ DUE	DATE DUE
Nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/28/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHENG, JACQUELINE	3768	600-413000

1. Change of correspondence address or indication of "Fee Address": (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 ANTONELLI, TERRY, STOUT & KRAUS, LLP.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	Or agents OR, alternatively,
agents OR, alternatively,	(2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HITACHI MEDICAL CORPORATION

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:
 Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 4
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 A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2135

5. Change in Entity Status (from status indicated above)
 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Leonid D. Thenor/

Date: September 25, 2009

Typed or printed name: Leonid D. Thenor

Registration No. 39,397

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